

CONFIDENTIALITY AGREEMENT

During the course of your work with Denver Health, you may use, maintain, or have incidental contact with or access to patient information or business information that is confidential (“Denver Health Information”). Denver Health Information from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) shall be kept **strictly** confidential. You may access Denver Health Information only if you *need to know* the specific information to carry out the job shadow experience.

You agree to comply with Denver Health’s Notice of Privacy Practices (“Joint Notice of Privacy Practices”) as well as Denver Health’s policies and procedures to respect and preserve the privacy, security, and confidentiality of Denver Health Information. You agree and recognize that you are solely responsible for your own actions relating to protecting the privacy, security, and confidentiality of Denver Health Information.

Violations of Denver Health’s policies and procedures may include, but are not limited to:

- Accessing Denver Health Information that is not within the scope of your job or responsibilities to Denver Health or otherwise permitted by written policy.
- Leaving patient medical records or charts in an unsecured place or leaving a secured application unattended while signed on to the computer system.
- Misusing, disclosing without proper authorization, or improperly altering Denver Health Information.
- Using another person’s sign-on code or password for accessing electronic or computerized records.
- Discussing Denver Health Information in a public place (e.g., hallway, elevator, or cafeteria) or with persons not authorized to receive such information.

Violation of Denver Health policies and procedures by any user of Denver Health Information may constitute grounds for discontinuance of your shadow program, and being denied further applications to the shadow program. Violation of Denver Health policies and procedures also may result in civil and/or criminal liabilities and penalties.

I agree to comply with the terms of the above statement and agreement and also have read and agree to comply with Denver Health Privacy and Security Policies and the Joint Notice of Privacy Practices adopted by Denver Health. I understand that the obligations set forth in this agreement continue beyond the end of my relationship with Denver Health.

Observer Signature

Date

If under 18: Parent or Legal Guardian Signature

Date